

# **Lessons from Wellness**

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PHRU

Q of C Meeting

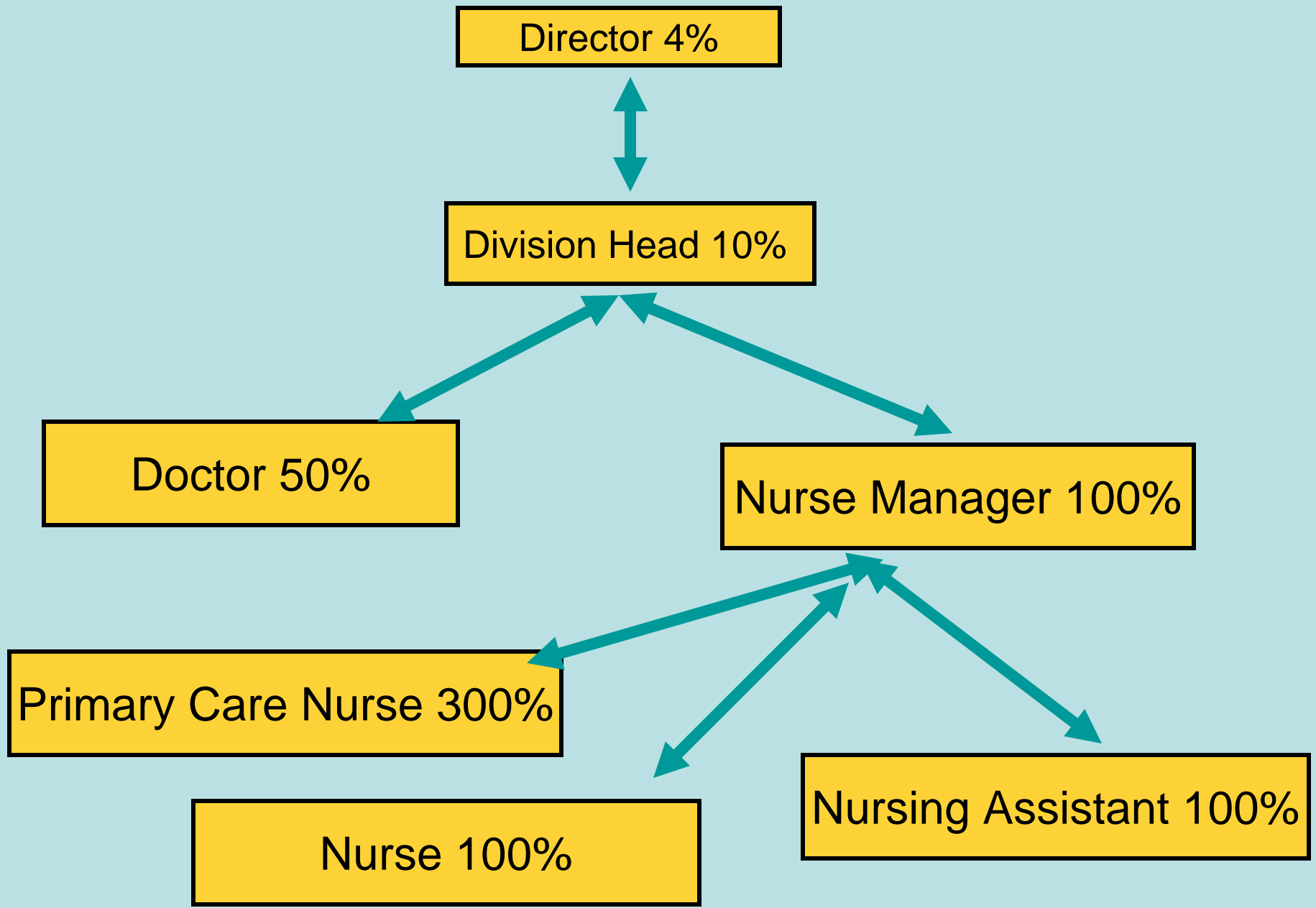
16 February 2006

# The program

- Primary health care nurses (PHCNs)
  - Pre ARV care
1. TB: screen, diagnosis and referral, PT
  2. STI: symptom screen, diagnosis and treat
  3. Cotrimoxazole
  4. Treat HIV related ailments
  5. CD4 monitoring with ARV referral when eligible
  6. Cervical smear
  7. Family planning

# 1. HR Issues

- Update and train
  - HIV Management Course
  - Cervical Smears
  - In house
  - Dispensing license
- Burnout
  - 15-20 patients per PHCN/day
  - Emotionally draining
  - Difficult to refer for ARVs
  - Lab based care



Pharmacist

Lab assistant

Phlebotomist

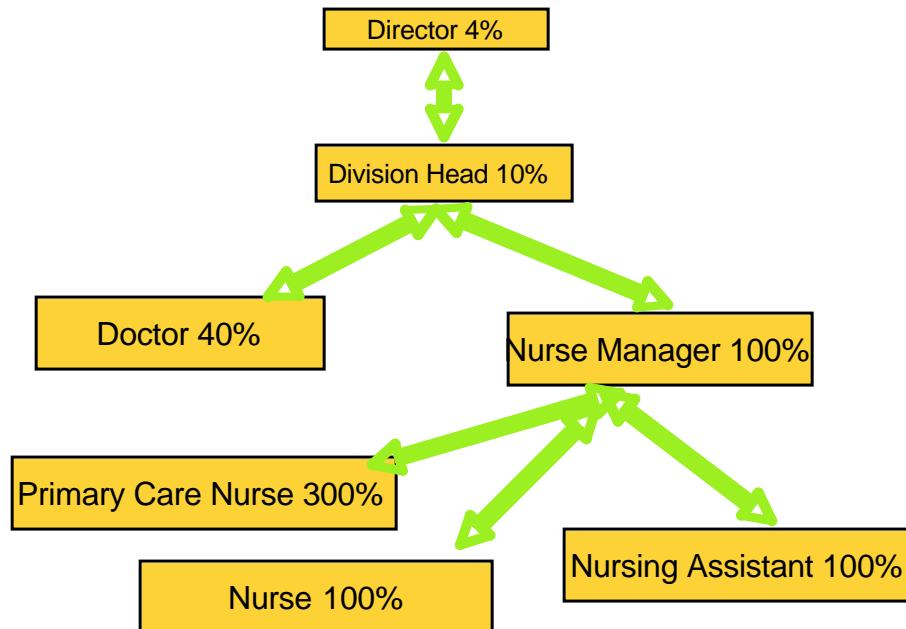
IT

Clinic Manager

Admin

HR

Receptionist





## 2. Pharmacopeia

- Based on EDL
- Acyclovir
- Fluoxetine
- OTC products
  - Diarrhea
  - Nasal stuffiness

### **3. Overwhelming Demand**

- After 3 months: rationing of services
  - Time
  - Daily quota
  - Bookings
  - Leave space for 1-2 emergencies per day
- Predominantly women



## 4. TB

- Sputum culture in addition to smear
- High rates of TB
- INH PT uptake is low
- Ideally should treat TB in same clinic but there are notification and register problems

## 5. Cervical Smears

- Complexity
  - Smears, fixative, spatulae, ongoing training
  - Colposcopy service
  - Acting on many results
  - Trace and refer high grade lesions (HSIL) and in-situ Ca
  - ? Evidence of effectiveness

# Cervical Smears

<i>Lesions</i>	<i>High Grade SIL</i>	<i>Low Grade SIL</i>	<i>ASCUS</i>	<i>Normal</i>
<b>Count N = 733 (%)</b>	<b>72 (9.8%)</b>	<b>157 (21.4%)</b>	<b>31 (4.2%)</b>	<b>433 (64.5%)</b>

- 733 cervical smears were performed
- Selection bias:
  - Women attending hospital based HIV clinic
  - Not all women had a cervical smear

Heyer A 2004  
AIDS Conf Bangkok

# Cervical smears

733 cervical smears (2 sites)		Median CD4
HSIL	72 (9.82%)	137 (IQR 96-308)
LSIL	157 (21.42%)	146 (109-359)
ASCUS	31 (4.23%)	233.5 (157-409)
Normal	433 (64.53%)	288 (151-508)

## 6. Costs

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	ZAR	€uro	US\$
Primary care nurse (pa)	137k	16k	18k
Cotrimoxazole (pm)	6	0.7	0.8
CD4 (1)	104	12.1	13.7
ZN and TB Cult (1)	67	7.8	8.8

Martinson N 2004  
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# Results

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Total number of clinic visits		4 478
Total cost of program	ZAR	1.03m (0.97m-1.24m)
	€uro	120k (113-145)
	US\$	136k (128- 164)
Cost per clinic visit	ZAR	230 (229-277)
	€uro	27 (27-32)
	US\$	30 (30-37)

# Results

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Estimated total number of clients		1 590 (1430-1750)
	ZAR	108 (92-144)
Monthly per client cost	€uro	13 (11-17)
	US\$	14 (12-19)

# Cost Breakdown

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	% (Range)
Personnel	34 (35-33)
Laboratory	26 (25-28)
Radiology	5 (5-6)
Non-ARV Drugs	11 (9-11)
Other	24 (22-26)

# Other

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	%
Clinic overhead	13
Stationary	2
Maintenance	2
Management fee	5

## **7. Mental health**

- High rates of depression
- Many tearful consultations
- Socio-economic issues
  - Disclosure
  - Sexual partner
  - Family

## 8. Referrals

- ARVs
  - Rationing by receiving clinics
- Specialist consult
  - Limited range of procedures/therapies made available
- Hospitalization
  - Speak to admitting doc
  - Include CD4 count and other investigations

# Condom use

	PHRU		TINTSWALO	
	M	F	M	F
Median Age	36	32	39	35
Always: regular partner	64%	57%	27%	18%

# Summary

- Pre-ARV care easily provided by nurses
- Limited package of care provided
- Can be rolled out in dedicated HIV and non-dedicated settings